

## SUMMARY MONTHLY REPORT OF STILL BIRTHS

1. Report for the Month of: \_\_\_\_\_ Year : \_\_\_\_\_
2. District: \_\_\_\_\_
3. Town/ Village: \_\_\_\_\_
4. Registration Unit: \_\_\_\_\_
4. Number of Still Births Registered during the month:

Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)

5. Time Gap in Birth registration:
- (a) Within Time limit (21 days) of their occurrence:
- (b) More than 21 days but within 30 days of their occurrence:
- (c) More than 30 days but within one year of their occurrence:
- (d) After one year of their occurrence:

Total\* (a + b + c + d):

\* Total should be equal to the number of statistical part of Still Birth Report Forms (Form No.1) attached with this monthly report.

Signature and Name  
of the Registrar

Date :

d	d	-	m	m	-	y	y	y	y
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Submitted to the Chief Registrar/District Registrar